PTO/SB/17 (10-07)

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s and saint to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/698,025			
FEE TRANSMITTAL	Filing Date	October 30, 2003			
For FY 2008	First Named Inventor	Carlos SCHULER			
	Examiner Name	Steven O. DOUGLAS			
Applicant claims small entity status. See 37 CFR 1.27	A ad 1 Justi	2771			

**TOTAL AMOUNT OF PAYMENT** 930.00 (\$) Attorney Docket No. 0150.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Nektar Therapeutics X Deposit Account Deposit Account Number: 50-0348 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 210 Utility 310 510 105 155 255 130 210 100 65 Design 105 50 Plant 210 105 310 160 80 155 Reissue 310 155 510 255 620 310 **Provisional** 210 105 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) **Fee Description** 25 50 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 105 210 370 185 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims** Extra Claims Total Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) **Extra Sheets** Total Sheets (round up to a whole number) x 0.00 260.00 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 930.00 Other (e.g., late filing surcharge): RCE (\$810.00) and 1 Mo. Extension (\$120.00)

SUBMITTED BY						
Signature	Wwhit !	Vegan	Registration No. (Attorney/Agent)	30,775	Telephone	650-631-3100
Name (Print/Type)	Michael J. Mazza	77			Date	June 2, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Small Entity** 

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rwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/698,025 **Application Number TRANSMITTA** October 30, 2003 Filing Date For FY 2008 Carlos SCHULER First Named Inventor **Examiner Name** Steven O. DOUGLAS Applicant claims small entity status. See 37 CFR 1.27 3771 Art Unit TOTAL AMOUNT OF PAYMENT 930.00 (\$) 0150.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-0348 Deposit Account Name: Nektar Therapeutics For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card

## FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

		FEES Small Entity	SEARCH FEES  Small Entity		EXAMINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	And the same of th
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

information and authorization on PTO-2038.

Fee Description	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
	Bandain In De	

Total Claims	Extra Claims	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Depe</u>	ndent Claims
- 20 or HP =			=	Fee (\$)	Fee Paid (\$)
HP = highest number of tot	tal claims paid for, if gr	eater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x		=		

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$

Total Sheets Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Eee Paid (\$) |

4. OTHER FEE(S) | Non-English Specification, \$130 fee (no small entity discount) | Fee Paid (\$) |

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Other (e.g., late filing surcharge): RCE (\$810.00) and 1 Mo. Extension (\$120.00)

SUBMITTED BY						
Signature	While Y	Vega	Registration No. (Attorney/Agent)	30,775	Telephone	650-631-3100
Name (Print/Type)	Michael J. Mazza				Date	June 2, 2008

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